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Medical Practice Questions

EDITOR'S NOTE: From time to time medical practice questions from organizations with a legitimate interest in the information are referred to the Scientific Board by the Quality Care Review Commission of the California Medical Association. The opinions offered are based on training, experience and literature reviewed by specialists. These opinions are, however, informational only and should not be interpreted as directives, instructions or policy statements.

Temporomandibular Joint Syndrome

QUESTION:

Is surgical treatment for temporomandibular joint syndrome or maxillofacial pain dysfunction acceptable medical practice?

OPINION:

In the opinion of the Scientific Advisory Panels on General Surgery, Otolaryngology /Head and Neck Surgery and Plastic Surgery, surgical treatment for temporomandibular joint syndrome or maxillofacial pain dysfunction is acceptable medical practice but is rarely indicated.

If all conservative measures of therapy have failed, surgical operation on the temporomandibular joint may be indicated for carefully selected patients when definite irreversible changes have been shown by clinical examination and supplemented by diagnostic radiography using tomographic x-rays and contrast arthrography; clear evidence of intractable pain and impairment of mandibular mobility is present; all other disease processes which can mimic this syndrome have been ruled out; dental therapy such as dental prosthesis and adjustment of occlusal problems have failed, and the patient is suffering from no psychological disorders.

A number of surgical procedures have been done for the relief of this disorder. These surgical procedures should be done only by those trained and experienced in the management of temporomandibular joint syndrome and maxillofacial pain dysfunction.

A large number of patients suffering from temporomandibular joint syndrome experience pain from muscle spasms caused by psychological disorders. Most of these persons are successfully treated by various conservative methods such as use of a night splint, analgesics, muscle relaxants and supportive psychotherapy.